## FORM 10. PROOF OF CLAIM

UNITED STATES BANKRUPTCY COURT	
	PROOF OF CLAIM
SOUTHERN DISTRICT OF TEXAS	
In rc(Name of Debtor)	Case Number
STAGE STORES INC	00B35078-H2-11
Note: This form should not be used to make a claim for an administrative exper-	ense arising after the commencement of the case. A "request" of payment of an administrative
expense may be filed pursuant to 11 U.S.C. 503.	
Name of Creditor	
(The persons or entity to whom the debtor owes money or property)  COMED CO.	Check box if you are aware that
COMED CO.	anyone else has filed a proof of claim relating to your claim. Attach
Name and Addresses Where Notices Should be Sent	copy of statement giving particulars.
ComEd Co.	
2100 Swift Road	Check box if you have never received any notices from the bankruptcy court in this case.
Attn: Bankruptcy Section/System Credit	received any notices from the
Oakbrook, IL 60523	bankruptcy court in this case.
	Check box if the address differs
	Check box if the address differs from the address on the envelope
	sent to you by the court
Telephone No 630 684-2712	THIS SPACE IS FOR COURT USE ONLY
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEB	· · · · · · · · · · · · · · · · · · ·
	Check here if this claim amends / a previously filed claim,
05162-43002 & 05162-26001	dated
1. BASIS FOR CLAIM	
Goods sold	D Datings have Cts == J_C==J := 11.73 C C 1114 (.)
Services performed	Retiree benefits as defined in 11 U.S.C. 1114 (a)  Wages, salaries, and compensations (Fill out below)
Money loaned	Your social security number:
Personal injury/wrongful death	Unpaid compensations for services performed
Taxes	from to
X Other (Describe briefly)  Electric Service Provided	(date) (date)
2. DATE DEBT WAS INCURRED	2 IE COINT WINGSERS DAME ORMANICO
2. DATE DEBT WAS INCURRED	3. IF COURT JUDGMENT, DATE OBTAINED:
4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are class	ssified as one or more of the following: (1) Unsecured nonpriority, (2) Unsecured
Priority, (3) Secured. It is possible for part of a claim to be in one category and part in a	another.
CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and	d STATE THE AMOUNT OF THE CLAIM.
SECURED CLAIM \$	UNSECURED PRIORITY CLAIMS \$
Attach evidence of pertection of security interest	Specify the priority of the claim.
Brief Description of Collateral:  Real Estate  Motor Vehicle  Other (Describe briefly)	Wagas salarias en annuissians (un ta \$2000) en al atamas de la
	Wages, salaries, or commissions (up to \$2000), earned not more than 90 days before filling of the bankruptcy petition or cessation of the debtor
	business, whichever is earlier) - 11 U.S.C 507 (a)(6)
Amount of arrearage and other charges included in secured	
claim above if any \$	Contributions to an employee benefit plan - U.S.C.507(a)(4)
X UNSECURED NONPRIORITY CLAIM \$ 1650.55	Up to \$900 of deposits toward purchase, lease, or rental of property
A claim is unsecured if there is no collateral or lien on property of the	services for personal, family, or household use - 11 U.S.C. 507 (a)(6)
debtor securing the claim or to the extent that the value of such	Taxes or penalties of governmental units - 11 U.S.C. 507 (7)
property is less than the amount of the claim.  5. TOTAL AMOUNT OF	Other - 11 U.S.C. 507 (a)(2). (a)(5). (Describe briefly)
CLAIM AT TIME \$ 1650.55	\$\$ \$ 1650.55
	ecured) (Priority) (Total)
Check this box if claim includes prepetition charges in addition to the principal am	<del>-</del>
6. CREDITS AND SETOFFS: The amount of all payments on this claim has been ce the purpose of making this proof of claim. In filling this claim, claimant has deducted a	all amounts that claimant  THIS SPACE IS FOR  COURT US ONLY
owes to debtor.	COOKI OS ONLI
7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such	ch ac promiseon, notae
purchase orders, invoices, itemized statements of running accounts, contracts, co	court judgments, or evidence
of security interests. If the documents are not available, explain. If the document	ents are voluminous, attach a
summary.	maria and an analysis and an a
8. TIME-STAMPED COPY: To receive an acknowledgment of the filing of your cl	claim, enclose a stamped. $782$
self-addressed envelope and file proof of claim in triplicate.	
Date Sign and print the name and title, if any, of the cr	
authorized to file this claim (attach copy of power C. WALKER/SYSTEM CR	1/ // // //

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. 152 and 3571

FILE CLAIM WITH: CLERK OF THE BANKRUPTCY COURT

Activity Statement

Date: Page: 06/28/00 1 of 1

## Account Information

06/28/2000	5/02/200 6/01/200 6/01/200	4/18/200 4/24/200 4/24/200 4/24/200 4/24/200 4/24/200 4/27/200 4/27/200	3/31/200 3/31/200 3/31/200 4/14/200 4/14/200	3/02/200 3/02/200 3/16/200 3/20/200 3/20/200 3/22/200 3/31/200	$\circ$ $\circ$ $\circ$	Þ H H	Account Num 05162-43002 Account Sta Requested B STAGE #403 (713)218-45	
кедицаг віці Late Payment Charge Miscellaneous	egular Bil ayment LECTRIC SE	Payment ( Payment ( Payment ( Payment (  Payment (  Payment (  Ric SERV  Ric SERV	OSIT ular Bill e Payment ( e Payment (	EPOSIT egular Bill ayment ate Payment C ate Payment C ate Payment C	ate Paym ate Paym LECTRIC	CHARGE TYPE	umber: 02 tatus: Active By: 3	*** Account Inform
							Mail To: STAGE #403 75-TADM % ACIS STAGE #403 P.O. BOX 85121 LOUISVILLE	nformation ***
	05/02/00 TO 06/01/00	03/31/00 TO 05/02/00		OF	<b>Ф</b>	<b>ា</b>	KY 40285	
	00 \$1604.15	\$34.94 \$31.61 00 \$1538.64		\$1 \$17 \$17	-{c>-	CHARGE	Current Bill: Billed Prior: Balance Due: Service Address: 213 ARMORY CT STREATOR	* *
\$24.06 \$1604.15	\$1426.42	\$34.94 \$0.27 \$1186.71 \$2251.12	\$17.69 \$0.27	\$2143.33 \$1197.38		CRED AMOII	\$0.00 \$0.00 \$0.00	Current
\$160 <b>4</b> ,15	1426.	7	\$3311.96	\$5484.05		TOTAL RILL	Credit Amount: Deposit Requested: Deposit On-Hand:	Account Status ***
			\$2161.30	\$4305.28		BALANCE	\$0 ted: \$6430 d: \$6430	
06/16/00	05/17/00		04/17/00	03/17/00		DUE	0.00 0.00	
16920	14520		13680	14280	ECAL T	¥.19.17		
1	-7		ρ.	_	<b>1</b> -			

75

44

44

X

7 |-

## Date: Page:

Current

Account

Status

## Account Information

/02/2000 Regular Bil /18/2000 Late Paymen /19/2000 Late Paymen /19/2000 Payment /01/2000 ELECTRIC SE /01/2000 Regular Bil /28/2000 Miscellaneo		2/02/2000 ELECT 2/02/2000 Regul 2/09/2000 Payme 2/21/2000 Late 3/01/2000 Payme 3/02/2000 ELECT 3/02/2000 Regul	5162-26001 ccount Status equested By: TAGE #403 713)663-9579	Account Number:
VIC Ch	Charge Charge Charge VICE			<b>≾</b> a
			E #403 ADM % ACIS OX 85121 BOX 35167 SVILLE	
3	03/02/00 TO 03/31/00	01/04/00 <b>T</b> O 02/02/00	BILLING PERIOD	
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ \$ \$0 \$ \$0 \$ 41	\$42. \$0.	illed Prio illed Prio alance Due ervice Add 00 ARMORY TREATOR CHA	Current Rill
40 62 C	55 7 30 80 12 40 30 12 40	5 63 5 8	CT CT	•
\$0.62 \$41.63 \$0.70 \$46.40	\$0.58 \$0.01 \$39.21 \$38.78	\$58.67 \$42.21	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	)
\$41.63 \$46.40	\$38.78	\$100.88	Deposit Requested: Deposit On-Hand:  TOTAL BA BA	
		\$0.63	ted:  d:  BALANCE  FORWARD	
05/17/00	04/17/00	02/17/00	\$0.00 \$0.00 DUE DATE	>
297	267	303	K WH	